

2005

Open Enrollment

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www.pebb.hca.wa.gov

For Your Medical And Dental Coverage

From **October 18** to **November 30, 2004**, you can:

- Change your medical plan
- Change your dental plan
- Add eligible dependents to your coverage.

These changes will be effective **January 1, 2005**.



**Washington State
Health Care Authority**
Public Employees Benefits Board

How to Use This Booklet

Important! If you **don't want to change** medical or dental plans, and your medical plan is still available to you in 2005, **you don't need to do anything!** You will automatically continue with the same plans, and your family's coverage will stay the same.

Things to remember

- All eligible family members must be covered by the same medical and/or dental plan. However, each family member may have a different doctor or other health care provider.
- If you have a specific doctor you want to stay with, you must contact your chosen medical plan to verify that (s)he will contract with that plan to serve PEBB members in 2005.
- Even if your doctor, dentist, or health care facility discontinues participation in your plan, you may not change plans until the next open enrollment period.

Medical plan information

Step 1:

Read "Changes to Your 2005 Coverage."

Step 2:

Go to "Plans Available by County" and find the county *you live in* to see the medical plans available to you.

Step 3:

Review the "2005 Monthly Employee Premiums" to find out how much the plans cost.

Please note: School district employees and employees who work for a city, county, port, water district, hospital, etc. need to contact their personnel, payroll, or benefits office to find out their monthly premiums.

Step 4 (optional):

If you are interested in waiving medical coverage or if you have waived medical coverage in the past, read "Waiving or Enrolling in Medical Coverage."

Step 5:

Review "How the Medical Plans Work" and "Medical Benefits Comparison." You can find out about:

- The different types of medical plans and how they work.
- PEBB benefits for each different plan type.

Dental plan information

Step 6:

Go to "How the Dental Plans Work" to find out how the different types of dental plans work and where dental clinics are located.

Step 7:

Review the "Dental Benefits Comparison."

Want to know more about your medical and dental plan choices?

Step 8:

Pick up plan-specific materials and talk to plan representatives by attending a benefits fair.

Step 9:

Have questions? See "Contact the Plans."

Making changes to your coverage

Step 10:

There are two ways to make changes to your coverage—you can do it online at **www.pebb.hca.wa.gov** using e-Coverage or complete and return the enclosed *2005 Employee Enrollment/Change* form to your agency payroll office. You must complete the form if you are adding a family member to your coverage.

The deadline to make your changes is **November 30, 2004.**

Step 11:

If you change plans, expect a letter in the mail confirming your plan change(s). **Keep that letter!**

Effective January 1, 2005, when you receive medical services or pick up a prescription drug from your pharmacy, the letter may serve as your temporary I.D. card until you receive your new card(s) from your plan(s).

Please note: The Uniform Dental Plan does not issue I.D. cards.

Changes to Your 2005 Coverage

Plan availability

To find out if your medical plan is still available to you in 2005, be sure to review “Plans Available by County.” If your medical plan is no longer available where you live, you **need to select a different plan**. Otherwise, you’ll be enrolled in the Uniform Medical Plan Preferred Provider Organization (UMP PPO). However, **even if you wish to change to the UMP PPO, be sure to actively select it** during open enrollment to ensure your enrollment is processed and you receive your I.D. card(s) by January 1, 2005.

Plan changes

RegenceCare will no longer be available. RegenceCare members will need to select a new plan during open enrollment.

Regence BlueShield is a new plan that will be available in all counties served by RegenceCare, plus San Juan County.

UMP Neighborhood, a care system option, is open to all employees and non-Medicare retirees who live in King, Pierce, or Snohomish counties. There is no enrollment limit. To enroll in UMP Neighborhood, use e-Coverage at **www.pebb.hca.wa.gov** or the *2005 Employee Enrollment/Change* form.

New medical plan premiums

Medical plan premiums have changed. Please see the “2005 Monthly Employee Premiums” section. *School district employees and employees who work for a city, county, port, water district, hospital, etc.* need to contact their personnel, payroll, or benefits office to find their monthly premiums.

Life insurance rate changes

Optional life insurance rates are decreasing for 2005. You can find these rates on PEBB’s Web site at **www.pebb.hca.wa.gov** or by contacting your personnel, payroll, or benefits office.

Rule changes

PEBB also adopted certain rule changes to clarify existing rules, including administration of and eligibility for PEBB coverage:

- **Reporting eligibility changes.**

Effective January 1, 2005, PEBB members (or their beneficiaries) are required to notify the Health Care Authority of any changes that would affect eligibility within 60 days of the change. Some examples of these changes may be death, divorce, Medicare entitlement, or a change in your child’s student status.

- **Re-enrolling after waiving coverage.**

Effective January 1, 2005, if you or your dependent(s) waived coverage, you may enroll in PEBB coverage midyear if you show proof of continuous, comprehensive group medical coverage within 60 days of losing that coverage.

You may find the Public Employees Benefits Board’s existing laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-04, 182-08, 182-12, 182-13, and 182-16 of the Washington Administrative Code (WAC). These are available on the Office of the Code Reviser’s Web site at **slc.leg.wa.gov**.



Plans Available by County

Washington

Adams

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Asotin

- Uniform Medical Plan PPO

Benton

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Chelan

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Clallam

- Regence BlueShield
- Uniform Medical Plan PPO

Clark

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Columbia

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Cowlitz

- Community Health Plan of Washington
- Kaiser Foundation Health Plan of the Northwest
- Uniform Medical Plan PPO

Douglas

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Ferry

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Franklin

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Garfield

- Uniform Medical Plan PPO

Grant

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Grays Harbor

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Options, Inc. (ZIP Codes 98541, 98557, 98559, and 98568)
- PacifiCare of Washington, Inc. (ZIP Codes 98541 and 98557)
- Regence BlueShield
- Uniform Medical Plan PPO

Island

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Jefferson

- Regence BlueShield
- Uniform Medical Plan PPO

King

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- Regence BlueShield
- Uniform Medical Plan PPO
- UMP Neighborhood

Kitsap

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Kittitas

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Klickitat

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Lewis

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98591, 98593, and 98596)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Lincoln

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99008, 99029, 99032, and 99122)
- Group Health Options, Inc. (ZIP Codes 99008, 99029, 99032, and 99122)
- Uniform Medical Plan PPO

In most cases, you must live in the plan's service area to join the plan. Be sure to call the plan(s) you're interested in to ask about provider availability in your county.

Mason

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc. (ZIP Code 98584)
- Regence BlueShield
- Uniform Medical Plan PPO

Okanogan

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Pacific

- Community Health Plan of Washington (ZIP Codes 98624, 98631, 98637, 98638, 98640, 98641, and 98644)
- Regence BlueShield
- Uniform Medical Plan PPO

Pend Oreille

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Code 99009)
- Group Health Options, Inc. (ZIP Code 99009)
- Uniform Medical Plan PPO

Pierce

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- Regence BlueShield
- Uniform Medical Plan PPO
- UMP Neighborhood

San Juan

- Group Health Cooperative
- Group Health Options, Inc.
- Regence BlueShield
- Uniform Medical Plan PPO

Skagit

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Regence BlueShield
- Uniform Medical Plan PPO

Skamania

- Community Health Plan of Washington
- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98639 and 98648)
- Uniform Medical Plan PPO

Snohomish

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- Regence BlueShield
- Uniform Medical Plan PPO
- UMP Neighborhood

Spokane

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Stevens

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Group Health Options, Inc. (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Uniform Medical Plan PPO

Thurston

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Wahkiakum

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98612 and 98647)
- Uniform Medical Plan PPO

Walla Walla

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Whatcom

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Whitman

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Yakima

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Oregon

Benton

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97330, 97331, 97333, 97339, and 97370)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Clackamas

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97004, 97009, 97011, 97013, 97015, 97017, 97022-23, 97027, 97034-36, 97038, 97042, 97045, 97049, 97055, 97067-68, 97070, 97222, 97267, and 97268)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Columbia

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Hood River

- Kaiser Foundation Health Plan of the Northwest (ZIP Code 97014)
- Uniform Medical Plan PPO

Lane

- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Linn

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97321-22, 97335, 97355, 97358, 97360, 97374, and 97389)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Marion

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97002, 97020, 97026, 97032, 97071, 97137, 97301-03, 97305-14, 97325, 97342, 97346, 97352, 97359, 97362, 97373, 97375, 97381, 97383-85, and 97392)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Multnomah

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Polk

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Umatilla

- Group Health Cooperative (ZIP Codes 97810, 97813, 97835, 97862, 97882, and 97886)
- Group Health Options, Inc. (ZIP Codes 97810, 97813, 97835, 97862, 97882, and 97886)
- Uniform Medical Plan PPO

Washington

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Yamhill

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Idaho

Kootenai

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Latah

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

For those living outside the areas noted, UMP PPO is available worldwide.

To obtain this publication in another format (such as Braille or audio) or to request special accommodations at a benefits fair, call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.

TTY users (deaf, hard of hearing, or speech impaired),
call 360-923-2701 or toll-free 1-888-923-5622.

2005 Monthly Employee Premiums

PEBB Medical Plans	Employee	Employee & Spouse*	Employee & Child(ren)	Employee, Spouse,* & Child(ren)
Community Health Plan of Washington	\$ 57	\$ 123	\$ 99	\$166
Group Health Cooperative	20	51	36	66
Group Health Options, Inc.	48	107	85	143
Kaiser Foundation Health Plan of the Northwest	37	84	65	112
PacifiCare of Washington, Inc.	108	226	189	307
Regence BlueShield	102	214	178	290
UMP Neighborhood	25	59	43	78
Uniform Medical Plan PPO	33	76	58	101

*or qualified same-sex domestic partner

Please note: School district employees and employees who work for a city, county, port, water district, hospital, etc. need to contact their personnel, payroll, or benefits office to find out their monthly premiums.

Waiving or Enrolling in Medical Coverage

Waiving

You can waive medical coverage for yourself and your eligible family members if you have other comprehensive, group medical coverage. To do so, go to e-Coverage at www.pebb.hca.wa.gov or complete the *2005 Employee Enrollment/Change* form found in the back of this booklet.

Keep in mind that if you waive coverage for yourself, medical coverage will also be waived for all eligible family members. You cannot waive dental coverage for yourself, but you may waive dental coverage for family members if they have other continuous, comprehensive, group dental coverage.

Enrolling


If you previously waived coverage, you may enroll during the open enrollment period without proof of previous coverage. If you try to enroll at any other time, you must show proof that you had other continuous, comprehensive group medical coverage, and you must enroll within 60 days of losing that previous coverage.



www.pebb.hca.wa.gov

Benefits Fairs Schedule

Attend a benefits fair in your area to find more information on PEBB health plans. Maps to the benefit fairs are also available online at www.pebb.hca.wa.gov.

New this year! PEBB will host six Health & Wellness Fairs as part of the scheduled benefits fairs. Health plan representatives at these fairs will provide educational and/or preventive services at little or no cost, as well as ways to take advantage of the plans' preventive care services and wellness opportunities. Look for special sessions shown with this symbol. 

Bellingham

November 18, 2004
10 a.m. – 3 p.m.
Western Washington University
Fairhaven Administration Lounge
516 High Street

Bremerton

November 1, 2004
10 a.m. – 3 p.m.
Olympic College
Bremer Student Center
North and South Conference Rooms
1600 Chester Avenue

Cheney

November 3, 2004
10 a.m. – 3 p.m.
Eastern Washington University
TAW Room 215 (Tawanka)
Elm Street

Ellensburg

October 27, 2004
10 a.m. – 3 p.m.
Kittitas County Fairgrounds
Heritage Center
512 N. Poplar



Everett

November 19, 2004
10 a.m. – 3 p.m.
Everett Community College
Parks Student Union Building,
Multipurpose Room
2000 Tower Street

Lacey

November 12, 2004
10 a.m. – 3 p.m.
St. Martin's College
Worthington Conference Center
5300 Pacific Avenue SE

Longview

November 10, 2004
10 a.m. – 3 p.m.
Lower Columbia Community College
Student Center, 1600 Maple



Moses Lake

November 4, 2004
10 a.m. – 3 p.m.
Big Bend Community College
1400 Building Auditorium
7662 Chanute Street NE

Mount Vernon

November 17, 2004
10 a.m. – 3 p.m.
Skagit County Community College
Student Lounge
2405 College Way

Olympia

November 3, 2004
10 a.m. – 3 p.m.
Dept. of Transportation Building Lobby
310 Maple Park

Pasco

November 10, 2004
10 a.m. – 3 p.m.
Red Lion Hotel, Olympic Room
2525 N. 20th Avenue

Port Angeles

November 2, 2004
10 a.m. – 3 p.m.
Vern Burton Community Center
308 E. 4th



Pullman

November 8, 2004
10 a.m. – 3 p.m.
Washington State University
French Administration and Lighty Bldg.
Stadium Way & Wilson Road

Seattle

October 26, 2004
10 a.m. – 4 p.m.
University of Washington
Harborview Medical Center
Research and Training Bldg., 1st floor
325 Ninth Avenue

October 27, 2004

10 a.m. – 4 p.m.
University of Washington
Student Union Building (HUB)
West Ballroom
Stevens Way

October 28, 2004

10 a.m. – 4 p.m.
University of Washington
UW Medical Center
& Health Sciences Lobbies
1959 NE Pacific

Spokane

November 2, 2004
10 a.m. – 3 p.m.
Spokane Community College
Lair Building
Littlefoot Rooms A & B,
& Sasquatch
N. 1810 Greene Street

Tacoma

November 5, 2004
10 a.m. – 3 p.m.
Tacoma Community College
Student Center Building 11
6501 South 19th Street

Tumwater

November 4, 2004
10 a.m. – 3 p.m.
Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW



Walla Walla

November 9, 2004
10 a.m. – 3 p.m.
Walla Walla Community College
Conference Center 185
500 Tausick Way

Wenatchee

October 26, 2004
10 a.m. – 3 p.m.
Red Lion Wenatchee
Columbia River Room
1225 N. Wenatchee Avenue



Yakima

October 28, 2004
10 a.m. – 3 p.m.
Red Lion Hotel, Garden Terrace
607 E. Yakima Avenue



How the Medical Plans Work

The medical plans may differ in terms of their cost, type of providers and facilities, referral practices, and guidelines. While the plans have a basic level of benefits, some plans offer additional benefits or lower copays at no additional cost.

Please note: Services provided by plan-designated *alternative care providers* will be covered if the service they provide is within the scope of their license, covered by the PEBB benefit plan, and approved by your medical plan. Please check with the medical plans for information about coverage for a specific service.

There are four types of medical plans—here's how they work.

1 Standard managed-care plans

In this type of plan, you usually must see providers in your plan's network. Most services you receive are provided through, or referred by, a primary care provider (PCP) of your choice within the plan's network. Some plans allow self-referral for some types of specialty care. Nonemergency services outside the service area, or services not provided or authorized by your PCP, are not covered. Most services require a \$10 copayment at the time of service, and there is no annual deductible to satisfy.

Urgent or emergency care is covered worldwide.

Important notice!

If your doctor leaves the plan before the next open enrollment, you are **not allowed** to change plans. Please keep this in mind when choosing a medical plan.

2 Extended network managed-care plan

This type of plan has network and extended-network benefits. If you self-refer to a provider in the extended network rather than being referred by your PCP, the plan will still pay benefits, but at a lower level than if you followed the standard managed-care network guidelines and referral process.

Some extended-network benefits require payment of an annual deductible and copayment and/or coinsurance before the plan pays benefits. Then reimbursement is usually between 60 and 70 percent of allowed charges. Some benefits are not covered under the extended network.

Contact the plan for specific extended-network benefits.

Urgent or emergency care is covered even if you receive services outside of Washington.

3 Preferred provider organization (PPO)

The Uniform Medical Plan Preferred Provider Organization (UMP PPO) is a freedom-of-choice plan that allows you to self-refer to any approved provider type in most cases, but provides a higher reimbursement if the provider contracts with UMP's extensive provider network. Most services are subject to an annual deductible. UMP PPO provides worldwide coverage for routine and emergency care. Contact the plan for more details.

4 Care system option

UMP Neighborhood benefits are similar to those of the UMP PPO. However, to receive the highest benefit level, members must receive care from a care system (provider network) that they choose when they enroll. Out-of-state coverage is available for urgent conditions and medical emergencies only. Contact the plan for more details.

The health plan comparisons in this guide are based on information believed accurate and current, but be sure to confirm information before making decisions.

Some benefits described in this booklet are based on state laws.

We have attempted to describe them accurately, but if there are differences, the laws will govern.

2005 Medical Benefits Cost Comparison

The following table briefly compares the costs of network benefits for in-state services by the Uniform Medical Plan Preferred Provider Organization (UMP PPO) and UMP Neighborhood (after any applicable deductibles have been met), and in-network benefits for PEBB managed-care plans. Benefit costs and plan payments are per calendar year, unless otherwise noted. Call the plans directly for more information on specific benefits or exclusions.

Benefits for:	Standard managed-care plans: <i>Community Health Plan of Washington Group Health Cooperative Kaiser Foundation Health Plan of the Northwest PacifiCare of Washington, Inc. Regence BlueShield</i>	Preferred provider organization: <i>Uniform Medical Plan PPO</i>
	Extended network managed-care plan (only in-network benefits described):* <i>Group Health Options, Inc.</i>	Care system option: <i>UMP Neighborhood</i>
Annual deductible	None	Medical/surgical services: Enrollee pays \$200 per person/\$600 per family (three or more people). Prescription drug (retail and mail service): \$100 per person/\$300 per family (three or more people)
Annual out-of-pocket maximum	Enrollee pays \$750 per person/\$1,500 per family for network benefits	Medical/surgical services: Enrollee pays \$1,125 per person/\$2,250 per family (does not apply to prescription drugs, non-network provider services, and other expenses as defined in the certificate of coverage)
Office, clinic, and hospital visits	\$10 copay per office/clinic visit; hospital visits covered in full	Enrollee pays 10% of allowed charges
Ambulance		
Air	\$100 copay per trip Exception: <i>Kaiser Permanente</i> , \$75 copay per trip	Enrollee pays 20% of allowed charges, plus the difference between allowed and billed charges
Ground	\$75 copay per trip	Enrollee pays 20% of allowed charges, plus the difference between allowed and billed charges
Chemical dependency services		
Inpatient	Enrollee pays inpatient hospital copay; maximum plan payment of \$12,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment	Enrollee pays inpatient hospital copay; maximum plan payment of \$12,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment
Outpatient	\$10 copay; maximum plan payment of \$12,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment	Enrollee pays 10% of allowed charges; maximum plan payment of \$12,500 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment
Diabetic education	\$10 copay per visit	Enrollee pays 10% of allowed charges

* Some extended-network benefits are subject to an annual deductible. Please contact the extended-network plan for details.

Benefits for:	Standard managed-care plans: <i>Community Health Plan of Washington Group Health Cooperative Kaiser Foundation Health Plan of the Northwest PacifiCare of Washington, Inc. Regence BlueShield</i>	Preferred provider organization: <i>Uniform Medical Plan PPO</i>
	Extended network managed-care plan (only in-network benefits described):* <i>Group Health Options, Inc.</i>	Care system option: <i>UMP Neighborhood</i>
		Please note: These costs are for network benefits. For non-network and out-of-network information, please refer to the certificate of coverage or call the plan.
Diagnostic testing	Covered in full	Enrollee pays 10% of allowed charges
Durable medical equipment, supplies, and prostheses	Enrollee pays 20% of allowed charges	Enrollee pays 10% of allowed charges; preauthorization required for equipment rentals beyond three months or purchases more than \$1,000
Emergency room services	\$75 copay per visit; emergency room copay waived if admitted to hospital	\$75 copay per visit, then enrollee pays 10% of allowed charges; copay waived if admitted to hospital
Hearing (examination and hardware)	Examination: \$10 copay Hardware: \$300 maximum plan payment every 36 consecutive months for hearing aid and rental/repair when authorized	Enrollee pays 10% of allowed charges; maximum plan payment of \$400 every 36 months for exams, hearing aid, and rental/repair combined
Home health care	Covered in full	Enrollee pays 10% of allowed charges
Hospice care (including respite care)	Covered in full for terminally ill enrollees up to six months	If preapproved by plan, covered in full; \$5,000 lifetime maximum plan payment for respite care
Hospital services		
Inpatient services	\$200 copay per day to \$600 maximum copay per person per calendar year	\$200 copay per day to \$600 maximum copay per person per calendar year
Outpatient surgery, ambulatory surgery centers	\$100 copay for facility fees per surgery or procedure (includes short-stay obstetrical services); surgeon, anesthesiologist, etc., covered in full	Enrollee pays 10% of allowed charges
Mental health care		
Inpatient	Enrollee pays inpatient hospital copay; plan payment limit up to 10 days per year. (For more information, contact the plans.)	Enrollee pays inpatient hospital copay; plan payment limit up to 10 days per year
Outpatient	\$10 copay per office/clinic visit, up to 20 visits per year	Enrollee pays 10% of allowed charges per office/clinic visit, up to 20 visits per year
Neurodevelopmental therapies		
Inpatient – age 6 and under	Enrollee pays inpatient hospital copay to 60 days per year	Enrollee pays inpatient hospital copay to 60 days per year
Outpatient – age 6 and under	\$10 copay to 60 visits per year for all therapies combined	Enrollee pays 10% of allowed charges to 60 visits per year for all therapies combined
Obstetric and well-newborn care		
Inpatient	Enrollee pays inpatient hospital copay for mother only	Enrollee pays inpatient hospital copay for mother only
Professional services	Covered in full	Enrollee pays 10% of allowed charges

(continued on next page)

* Some extended-network benefits are subject to an annual deductible. Please contact the extended-network plan for details.

2005 Medical Benefits Cost Comparison

(continued from previous page)

Benefits for:	<p>Standard managed-care plans: <i>Community Health Plan of Washington</i> <i>Group Health Cooperative</i> <i>Kaiser Foundation Health Plan of the Northwest</i> <i>PacifiCare of Washington, Inc.</i> <i>Regence BlueShield</i></p> <p>Extended network managed-care plan (only in-network benefits described):* <i>Group Health Options, Inc.</i></p>	<p>Preferred provider organization: <i>Uniform Medical Plan PPO</i></p> <p>Care system option: <i>UMP Neighborhood</i></p> <p>Please note: These costs are for network benefits. For non-network and out-of-network information, please refer to the certificate of coverage or call the plan.</p>
Organ transplants	<p>Facility: Enrollee pays inpatient hospital copay</p> <p>Professional services: Covered in full</p> <p>Bone marrow donor searches covered in full, up to 15 searches per person per transplant</p>	<p>Hospital inpatient: Enrollee pays inpatient hospital copay; preauthorization required</p> <p>Professional services: Enrollee pays 10% of allowed charges; preauthorization required</p> <p>Enrollee pays 10% of allowed charges for bone marrow, stem cell, and umbilical cord donor searches, up to 15 searches per person per transplant</p>
Physical, occupational, speech, and massage therapy		
Inpatient	Enrollee pays inpatient hospital copay to 60 days per year	Enrollee pays inpatient hospital copay to 60 days per calendar year; preauthorization required
Outpatient	\$10 copay to 60 visits per year for all therapies combined	Enrollee pays 10% of allowed charges, up to 60 visits per calendar year for all therapies combined (massage therapists must be network providers)
Prescription drugs, insulin, and disposable diabetic supplies	<p>Retail (up to a month's supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name, \$25 copay; non-formulary, \$40 copay</p> <p>Mail order (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name, \$50 copay; non-formulary, \$80 copay</p> <p>Exceptions: <i>Group Health Cooperative</i> and <i>Group Health Options</i> have only \$10 and \$30 copays for retail, and \$20 and \$40 copays for mail order. <i>Kaiser Permanente</i> has only \$10 and \$25 copays for retail, and \$20 and \$50 copays for mail order.</p>	<p>Up to 90-day supply (subject to prescription drug deductible)</p> <p>Retail: Tier 1 (generic, all insulin, and all disposable diabetic supplies), 20% enrollee coinsurance; Tier 2 (preferred brand), 30% enrollee coinsurance; Tier 3 (nonpreferred brand), 50% enrollee coinsurance (see note below)</p> <p>Note: <i>Tier 1 and 2 drugs purchased through a network retail pharmacy have a maximum enrollee cost share of \$50 (up to a 30-day supply), \$100 (31- to 60-day supply), and \$150 (61- to 90-day supply)</i></p> <p>Mail order: Tier 1, \$10 copay; Tier 2, \$40 copay; Tier 3, \$80 copay</p>

* Some extended-network benefits are subject to an annual deductible. Please contact the extended-network plan for details.

Benefits for:	<p>Standard managed-care plans: <i>Community Health Plan of Washington</i> <i>Group Health Cooperative</i> <i>Kaiser Foundation Health Plan of the Northwest</i> <i>PacifiCare of Washington, Inc.</i> <i>Regence BlueShield</i></p> <p>Extended network managed-care plan (only in-network benefits described):* <i>Group Health Options, Inc.</i></p>	<p>Preferred provider organization: <i>Uniform Medical Plan PPO</i></p> <p>Care system option: <i>UMP Neighborhood</i></p> <p>Please note: These costs are for network benefits. For non-network and out-of-network information, please refer to the certificate of coverage or call the plan.</p>
Preventive care	Covered in full, subject to plan schedule	Covered in full, subject to plan schedule (not subject to medical/surgical deductible)
Radiation and chemotherapy services	Covered in full	Enrollee pays 10% of allowed charges
Skilled nursing facility care	Enrollee pays inpatient hospital copay to 150 days per year, except if in lieu of hospitalization	Enrollee pays inpatient hospital copay to 150 days per calendar year, except if in lieu of hospitalization
Spinal manipulations (self-referred)	Enrollee pays 50% coinsurance; maximum plan payment of \$250 per year	Enrollee pays 10% of allowed charges to 10 visits per year
Temporomandibular joint (TMJ) disorder	Enrollee pays 50% coinsurance for inpatient and outpatient treatment, maximum plan payment of \$1,000 per year; orthognathic surgery not covered	Surgical treatment covered same as any other condition; enrollee pays 10% of allowed charges when preauthorized; orthognathic surgery not covered
Vision Examination	<p>\$10 copay; one exam every 24 consecutive months</p> <p>Exception: <i>PacifiCare</i> covers routine vision exams every 12 months (when provided by a plan-designated provider, \$10 copay)</p>	Enrollee pays 10% of allowed charges; one exam every two calendar years (not subject to medical/surgical deductible)
Hardware	<p>\$50 maximum plan payment once every 24 consecutive months</p> <p>Exception: <i>PacifiCare</i> covers up to \$100 for prescription eyeglass lenses and frames or contacts every 12 months when obtained through any provider.</p>	\$100 maximum plan payment every two calendar years for frames, lenses, contacts, and fitting fees combined (not subject to medical/surgical deductible)
Well-baby care	Covered in full, subject to plan schedule	Covered in full, subject to plan schedule (not subject to medical/surgical deductible)

* Some extended-network benefits are subject to an annual deductible. Please contact the extended-network plan for details.

How the Dental Plans Work

You have three dental plans to choose from:

Preferred Provider Organization (PPO)

- The **Uniform Dental Plan (UDP)**, administered by Washington Dental Service (WDS), allows you the freedom to choose any dentist, but provides a higher reimbursement if your dentist contracts with WDS. The UDP *offers services in every county of Washington State*. Outside of Washington, services are reimbursed at a higher level than for services provided by non-PPO dentists in Washington.

Managed-Care Plans

- **DeltaCare, administered by WDS**, requires selection of one of its network dentists when you enroll. **You must verify your dentist contracts with DeltaCare as WDS administers several types of dental plans, each with its own provider network.** This is important, as you could be responsible for costs if you receive care from a provider who is not in the DeltaCare network. *Providers are located in Arlington*, Auburn, Bellevue, Bellingham, Bremerton, Burien, Des Moines, Edmonds*, Ellensburg, Everett, Federal Way, Kent, Lynnwood, Mill Creek, Mukilteo, Olympia, Puyallup*, Renton, Seattle, Shelton*, Spokane, Spokane-East (Fairfield), Tacoma, Tukwila, Tumwater, Vancouver, Wenatchee, Yakima, and Portland and Hillsboro (Oregon).*

**Not accepting new patients*

- **Regence BlueShield Columbia Dental Plan**, with services provided by Willamette Dental Group (WDG), requires that you receive care from WDG dentists. *Their clinics are located in Bellevue, Bellingham, Everett, Federal Way,*

Kent, Kirkland, Lakewood, Lynnwood, Northgate, Olympia, Puyallup, Richland, Seattle, Silverdale, Spokane (Northpointe and South Hill), Tacoma, Tri-Cities (Kennewick), Tumwater, Vancouver (East Vancouver and Hazel Dell), and Yakima.

Please note: Since dentist and clinic participation with the dental plans can change, please contact the dental plans to verify dentists and clinic locations.

Is a managed-care dental plan right for you?

The table on the next page briefly compares the features of the UDP and the managed-care dental plans. Before enrolling in a managed-care dental plan, it is important to answer the following questions:

- Is the dentist I have chosen accepting new patients? (Remember to identify yourself as a PEBB state of Washington employee.)
- Am I willing to travel for services if I select a dentist in another service area?
- Do I understand that all dental care is managed through my primary care dentist or network provider, and I cannot self-refer for specialty care?

If your answer to these questions is yes, you may want to consider enrolling in a managed-care dental plan. You will need to make sure your

dentist contracts with the plan you choose.

For full coverage provisions, including a description of limitations and exclusions, refer to a PEBB certificate of coverage (available through the dental plans).

Please note: Benefits for emergency care received out of the plan's service area; missed appointment charges; and the number of exams, x-rays, cleanings, and other procedures allowed in a certain time period vary by plan. Contact the plans directly for details. (Dental plan phone numbers are listed on page 16.)

If you are receiving continuous dental treatment (such as orthodontia) and are considering changing plans, contact the plans directly to find out how they cover your continuous dental treatment if you enroll in their plan.

More information on Washington Dental Service

Delta Dental is the parent company of Washington Dental Service (WDS). WDS administers several dental plans, including the Uniform Dental Plan (UDP) and DeltaCare. If you choose UDP or DeltaCare, be sure that you choose a WDS-contracting dentist who participates with your plan. Each plan maintains its own provider network.

Dental Benefits Comparison

(For more details on benefits and exclusions, contact the plans.)

	Preferred provider organization: Uniform Dental Plan	Managed-care dental plans: DeltaCare Regence BlueShield Columbia Dental Plan
Annual deductible	Enrollee pays \$50 per person/\$150 per family, except for diagnostic and preventive	No deductible
Annual maximum	\$1,500 plan reimbursement per person; except as otherwise specified for orthodontia, nonsurgical TMJ, and orthognathic surgery	No general plan maximum
Dentures	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	Enrollee pays \$140 copay, complete upper; \$40 copay, complete reline (chairside)
Endodontics (root canals)	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Enrollee pays \$50 copay, anterior; \$100 copay, molar
Nonsurgical TMJ	70%; \$500 lifetime maximum (dental plan payment)	70%; \$500 lifetime maximum (dental plan payment)
Oral surgery	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Extraction erupted teeth: <i>DeltaCare</i> , enrollee pays \$10 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay
Orthodontia	50%; \$750 lifetime maximum (dental plan payment)	Maximum enrollee copay per case: <i>DeltaCare</i> , \$1,500; <i>Regence BlueShield Columbia Dental Plan</i> , \$1,200
Orthognathic surgery	70%; \$5,000 lifetime maximum (dental plan payment)	70%; \$5,000 lifetime maximum (dental plan payment)
Periodontic services	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Enrollee pays \$75 copay, gingivectomy or gingivoplasty per quadrant; \$100 copay, osseous surgery per quadrant
Preventive/diagnostic	100%, PPO; 90%, out of state; 80%, non-PPO (dental plan payment)	100% (dental plan payment)
Restorative crowns	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	Porcelain to metal crown: <i>DeltaCare</i> , enrollee pays \$175 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay. Full cast metal crown: <i>DeltaCare</i> , \$150 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay
Restorative fillings	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Amalgam restorations (fillings), two surfaces: <i>DeltaCare</i> , enrollee pays \$10 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay

Contact the Plans

For benefit questions about a specific medical or dental plan, contact the plans listed below.

Medical Plans	Web site address	Customer service phone numbers
Community Health Plan of Washington	www.chpw.org	206-521-8830 or 1-800-440-1561 TTY/TDD 1-800-833-6388
Group Health Cooperative	www.ghc.org	206-901-4636 or 1-888-901-4636 TTY/TDD 711 or 1-800-833-6388
Group Health Options, Inc.	www.ghc.org	206-901-4636 or 1-888-901-4636 TTY/TDD 711 or 1-800-833-6388
Kaiser Foundation Health Plan of the Northwest	www.kaiserpermanente.org	1-800-813-2000 or Portland 503-813-2000 TTY/TDD 1-800-735-2900
PacifiCare of Washington, Inc.	www.pacificare.com/pebb	1-800-932-3004 TTY/TDD 1-800-786-7387
Regence BlueShield	www.wa.regence.com/pebb	1-800-376-7926 TTY/TDD 253-573-3260
UMP Neighborhood	www.ump.hca.wa.gov	425-686-1305 or 1-888-304-5103 TTY/TDD 1-888-923-5622
Uniform Medical Plan PPO	www.ump.hca.wa.gov	425-686-1305 or 1-888-304-5103 TTY/TDD 1-888-923-5622

Dental Plans	Web site address	Customer service phone numbers
DeltaCare, administered by Washington Dental Service	www.deltadentalwa.com/pebb.htm	1-800-650-1583
Regence BlueShield Columbia Dental Plan	www.wa.regence.com/pebb	1-800-376-7926
Uniform Dental Plan	www.deltadentalwa.com/pebb.htm	1-800-537-3406



To update your account, please contact your personnel, payroll, or benefits office. If you want additional information about PEBB coverage, call a benefits specialist toll-free at 1-800-200-1004 or visit our Web site at **www.pebb.hca.wa.gov**.

Public Employees Benefits Board (PEBB)

2005 Employee Enrollment/Change

- n List all eligible family members and indicate their enrollment status on this form.
- n Type or print clearly in black ink. Inaccurate, incomplete, or illegible information may delay coverage.
- n Attach appropriate **dependent certification** form(s) if required.

Are you making changes to an existing account? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of changes: (Check all that apply.)			
	<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Medical plan	<input type="checkbox"/> Dental plan
	<input type="checkbox"/> Adding family member	<input type="checkbox"/> Re-enrollment	<input type="checkbox"/> Waiving coverage	<input type="checkbox"/> Termination
Are you or any eligible family members enrolled in PEBB coverage under another account? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 1: Subscriber Information

Social security number	Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address			Apt./unit number	
City	State	ZIP Code	County of residence	
Date of birth (mm/dd/yyyy)	Work phone number (including area code) ()	Home phone number (including area code) ()		
The medical plans marked with an asterisk* in Section 4 assign a physician or clinic code to their providers and require you to choose a primary care provider. To find the code, contact your plan or go to the Provider Directory on our Web site.				Physician or clinic code
Medical Coverage	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive: date effective _____	If waiving, see Section 6.	
Dental Coverage	<input checked="" type="checkbox"/> Enroll	(Dental may not be waived)	Note: If you waive coverage, medical coverage will automatically be waived for all family members.	

Section 2: Spouse or Same-Sex Domestic Partner

List your eligible spouse or same-sex domestic partner and indicate their enrollment status, even if you do not want coverage for them; they **cannot** be enrolled in any other PEBB coverage.

Relationship to Subscriber		<input type="checkbox"/> Spouse: date of marriage _____
If adding a spouse or partner, please attach a completed Declaration of Marriage or Same-Sex Domestic Partnership form.		<input type="checkbox"/> Same-sex domestic partner: date criteria met _____
Social security number	Last name	First name Middle initial Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from subscriber)		City State ZIP Code
Date of birth (mm/dd/yyyy)	Physician or clinic code (contact plan for code)	
Medical Coverage	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive: date effective _____
Dental Coverage	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive: date effective _____
If waiving, see Section 6.		
Terminate Medical & Dental Coverage <input type="checkbox"/> Divorce/Dissolution of partnership: date of event _____ Please provide his/her new address _____ _____ <input type="checkbox"/> Death: date of event _____ <input type="checkbox"/> Other: _____ Date effective _____		

Visit our Web site at www.pebb.hca.wa.gov



**Washington State
Health Care Authority**
Public Employees Benefits Board
HCA 50-400 (10/04)

Agency name	Agency/subagency	Ins. effective date	Hire date
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Section 3: Family Member Information (such as child, grandchild, etc.)

List all **eligible** family members and indicate their enrollment status; family members **cannot** be enrolled in any other PEBB coverage. **Use additional forms for more members.** Please attach appropriate **dependent certification** form if required.

A	Relationship to subscriber	<input type="checkbox"/> Disabled? (Check only if age 20 or older.)	<input type="checkbox"/> Student? (Check only if age 20 or older.)	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Social security number		Physician or clinic code (contact your plan for code)			
Last name		First name	Middle initial	Date of birth (mm/dd/yyyy)	
Address (if different from subscriber)		City	State	ZIP Code	
Medical Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ Dental Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ <i>If waiving, see Section 6.</i>		<input type="checkbox"/> Terminate Reason _____ Date effective _____			

B	Relationship to subscriber	<input type="checkbox"/> Disabled? (Check only if age 20 or older.)	<input type="checkbox"/> Student? (Check only if age 20 or older.)	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Social security number		Physician or clinic code (contact your plan for code)			
Last name		First name	Middle initial	Date of birth (mm/dd/yyyy)	
Address (if different from subscriber)		City	State	ZIP Code	
Medical Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ Dental Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ <i>If waiving, see Section 6.</i>		<input type="checkbox"/> Terminate Reason _____ Date effective _____			

C	Relationship to subscriber	<input type="checkbox"/> Disabled? (Check only if age 20 or older.)	<input type="checkbox"/> Student? (Check only if age 20 or older.)	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Social security number		Physician or clinic code (contact your plan for code)			
Last name		First name	Middle initial	Date of birth (mm/dd/yyyy)	
Address (if different from subscriber)		City	State	ZIP Code	
Medical Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ Dental Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ <i>If waiving, see Section 6.</i>		<input type="checkbox"/> Terminate Reason _____ Date effective _____			

Section 4: Medical Plan Selection (Check only one.)

- | | |
|---|--|
| <input type="checkbox"/> Community Health Plan of Washington* | <input type="checkbox"/> PacifiCare of Washington, Inc.* |
| <input type="checkbox"/> Group Health Cooperative* | <input type="checkbox"/> Regence BlueShield* |
| <input type="checkbox"/> Group Health Options, Inc.* | <input type="checkbox"/> UMP Neighborhood* |
| <input type="checkbox"/> Kaiser Foundation Health Plan of the Northwest | <input type="checkbox"/> Uniform Medical Plan PPO |

These plans require the physician or clinic code of your selected primary care provider. **Contact the plan for code or go online to www.pebb.hca.wa.gov for provider directory.*

Section 5: Dental Plan Selection (Check only one.)**Preferred Provider Organization**

- ☐ Uniform Dental Plan (Group #3000)
(may receive services from any provider)

Note: Delta Dental is the parent company of Washington Dental Service (WDS). WDS administers both the Uniform Dental Plan and DeltaCare.

Managed Care Plans

- ☐ DeltaCare (Group #3100)
Dentist name or clinic code _____
(must receive services from *DeltaCare provider*)
- ☐ Regence BlueShield Columbia Dental Plan
Clinic location _____
(must receive services from *Willamette Dental Group provider*)

Section 6: Signature (Required)

I declare that my family members and I are eligible for the coverage requested. I authorize my employer to deduct from my earnings any premium I am required to pay for the coverage I have selected. I understand that I may be subject to dismissal and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. A deposit of premium does not guarantee coverage and will be returned if I am determined by the Washington State Health Care Authority to be ineligible for coverage.

I declare that I or any family members who have chosen to waive medical/dental coverage, as indicated above, currently have other continuous, comprehensive group medical/dental insurance. I understand that proof of continuous, comprehensive group medical/dental coverage will be required to re-enroll family members in a PEBB plan outside of an open enrollment period. Application for re-enrollment must be made within 60 days of losing other coverage. This form supercedes all forms and submissions I have previously made for PEBB coverage.

Washington State law may require disclosure of any information I submit as public record. The Health Care Authority's Privacy Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.

Subscriber's signature _____ Date _____

Please sign and date this form. Return completed form to your personnel, payroll, or benefits office.



**Washington State
Health Care Authority**
Public Employees Benefits Board

P.O. Box 42684

Olympia, WA 98504-2684

HCA 50-141 (10/04)